

**ADDRESS CHANGE FORM  
SCHOOL OR BUSINESS**

Form Code: PSS\_AC2 Fee Code: none

You may edit your contact information online at:  
<http://www.dcjs.virginia.gov/pss/online/watson.cfm>

**COMMONWEALTH OF VIRGINIA  
Department of Criminal Justice Services**

**Private Security Services Section**

**P.O. Box 10110**

**Richmond, VA 23240-9998**

**Phone #: (804) 786-4700; Fax #: (804) 786-6344**

**Website: [www.dcjs.virginia.gov/pss/index.cfm](http://www.dcjs.virginia.gov/pss/index.cfm)**

**Status Hotline: (804) 786-1132 or 1-877-9STATUS**

1. Business or School Name: \_\_\_\_\_

2. Trading As: \_\_\_\_\_

3. Compliance Agent or Training Director: \_\_\_\_\_ DCJS ID # 99-\_\_\_\_\_

4. DCJS License or Certification # \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

5. New Address: \_\_\_\_\_  
Number and Street City/Town State Zip

6. Does this replace the *physical* address the Department has on file? ☐ Yes ☐ No

7. If no, please confirm *physical* address: \_\_\_\_\_  
Number and Street City/Town State Zip

8. Does this replace the *mailing* address the Department has on file? ☐ Yes ☐ No

9. If no, please confirm *mailing* address: \_\_\_\_\_  
Number and Street City/Town State Zip

10. May the Department provide information via an e-mail address? ☐ Yes ☐ No

11. E-Mail Address: \_\_\_\_\_  
*Please type or print clearly.*

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy